



Commissioning Alliance

Brighton and Hove CCG

Crawley CCG

East Surrey CCG

High Weald Lewes Havens CCG

Horsham and Mid Sussex CCG

Patient and Public Engagement

NHS Crawley Clinical Commissioning Group, NHS East Surrey Clinical Commissioning Group, and NHS Horsham and Mid-Sussex Clinical Commissioning Group



Why?

- High quality, informed commissioning is considered the future foundation of the NHS.
- Ensuring the public and patient voice is at the heart of creative and dynamic commissioning requires creative and dynamic commissioners.
- The NHS constitution and the Equality Delivery System, set out a series of expectations and principles that are required from health and care commissioners: **to spend public money in the best possible way, and to ensure that patients and the public inform decisions – using opinion, experience and an understanding of need and behaviour.**

Why?

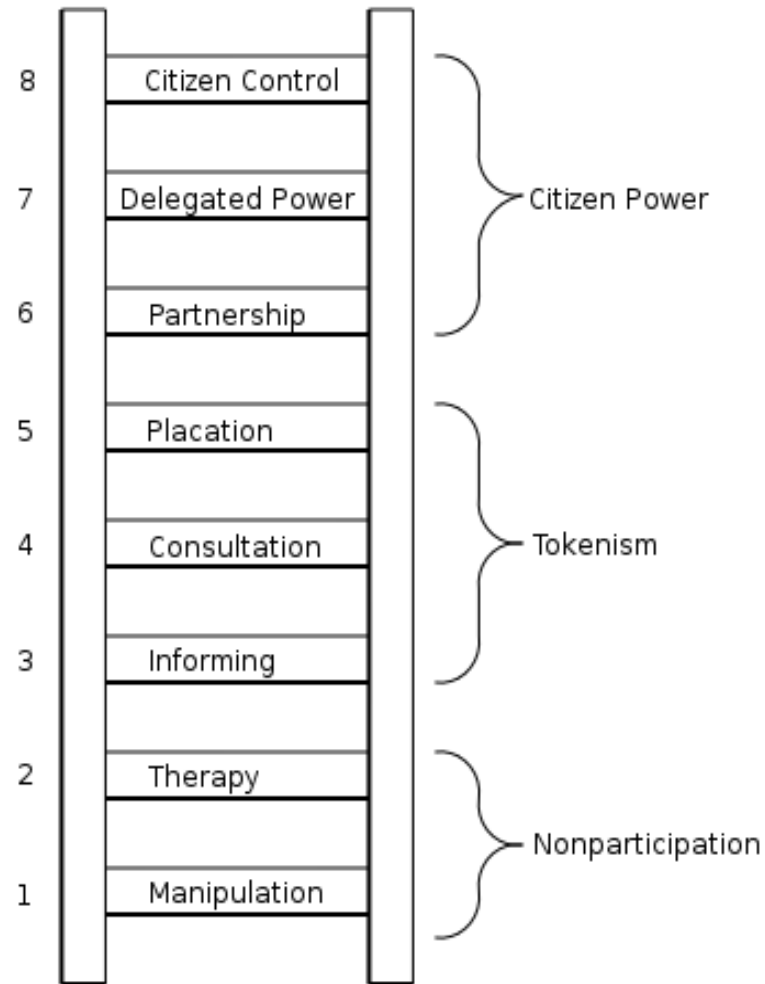
- CCGs will soon be assessed on how well they are focussing on patient and public engagement. The current NHS England Improvement and Assessment Framework 2016/17 is due to be supplemented in the coming year through a new indicator reflecting on how well this area of the CCG's work is performing.
- With an increasing demand for better public engagement, ESCCG must think about the commissioning cycle, which methods of engagement might be appropriate at each stage and who is best placed to plan, advise and carry out that engagement.
- CCGs must remain mindful of the legal duties and policy framework for commissioners;
 - Section 242 (as was) Section [14Z2 of the Health and Social Care Act 2012](#) (amended) as is “the Duty to Involve”
 - The NHS constitution: the NHS belongs to us all March 2013
 - Transforming Participation in Health and Care

What?

- There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein).
- The 'Ladder of Engagement' is a framework for understanding different forms and degrees of patient and public participation. It can be useful to consider when planning the types of engagement required for different programmes of work.



What?



What?

What does engagement mean?

There are 3 distinct ways for the public to be an active participant in the work of the CCG;

Via **Communication** – 1 way information giving

Through **Engagement** – on going dialogue -2 way

By Becoming **Involved** – bringing people into decision making, collaborating

No one element is more important than the other – without communication we cannot engage and without engagement we cannot easily or effectively involve.

When?

The HMSCCG, ESCCG, CCG “Engagement” Cycle



Participation at every stage of our work

When?

We use feedback gathered through engagement activities, views, comments and opinions to inform all stages of CCG work. The Engagement Cycle identifies five different stages when patients and the public can and should be engaged in commissioning decisions:

1. Community and stakeholder engagement to **identify** needs and aspirations.
2. Public engagement to **develop** priorities, strategies and plans.
3. Patient and carer engagement to **improve** services.
4. Patient, carer and public engagement to **procure** services.
5. Patient and carer engagement to **monitor** services

East Surrey CCG's engagement cycle

How we will engage and involve people in commissioning

5.

- We will use a variety of patient experience data to understand how different services are performing. This includes patient stories, patient experience surveys, complaints information, comments on social media, CQC inspections and clinical feedback.
- This information will be reported via the quality report and shared in QFD Committee and will also feed into the contract monitoring process.
- The Quality and Safety Group Committee also receives information on patient experience of hospitals and other service providers.

4.

We will commission for quality and ensure that patients' views are taken into account in the procurement of services:

- When we review or develop new services or pathways, we will always try to involve patients, Carers or representatives in discussions. This could include helping to develop service specifications, tender documents and key performance indicators, or simply helping us to understand patients' experience of the service or pathway being looked at. Where appropriate, they will also have the opportunity to sit on procurement panels and be involved in the choice of successful provider(s).
- We will always make sure that patients who are involved in a procurement process are given support and training to help them with this role.

1.

We will do this through the Joint Strategic Needs Assessment (JSNA), analysis of patient feedback and public opinion and by identifying gaps in service/ opportunities for improvement.

2.

- We will have an annual review of our strategic priorities. Through this review we will engage stakeholders in the development of our commissioning intentions and priorities for the following year.
- We will hold an annual stakeholder event in the autumn to:

- o Feedback on current priorities and delivery
- o Involve stakeholders in the development of commissioning priorities for the following year

We will share our priorities on our website – www.eastsurreyccg.nhs.uk. Our website will have a comments section so that people can give their views.

- We will receive on going feedback through the CCG's engagement activities (which will take place throughout the year).

3.

- We will involve patients, Carers and expert patient groups in the design of pathways and services
- ESCCG will use on going feedback through complaints, PALS, patient surveys, patient participation groups (PPGs) and the Patient Reference Group.
- Our Quality Team will hear stories on patient experience and will 'walk the pathway' via Quality Assurance visits.



NB. This engagement cycle has been adapted from the **InHealth ASSOCIATES** original developed by David Gilbert of **InHealth Associates**

How?

For Example

Stage in the Engagement Cycle	Examples of Activity/Actions
Community and stakeholder engagement to identify needs and aspirations	JSNA Listening events Feedback
Public engagement to develop priorities, strategies and plans.	Co design workshops Annual Commissioning Intentions event
Patient and carer engagement to improve services.	Learning and actions arising from PALS and Complaints, soft intelligence
Patient, carer and public engagement to procure services	Patient Representation, using intelligence to inform service specifications
Patient and carer engagement to monitor services	Friends and Family Test and GP Patient Survey

Listening events

**Non-Emergency Patient
Transport Services
Procurement Event**

**Assistive, Augmentative,
Communication (AAC)
Services Workshop**

**Type 2 diabetes
Prototype**

**Young Carers
Strategy
Conference**

**Making Families
Integral in NHS
Investigations**

**Children's Community
Services Procurement
Process**

**CCG's "Rant 'n Rave" public
event – your opportunity to
have your say**

Examples of on-going engagement with local groups

**East Surrey
Carers Support
Association**

**Disability
Alliance
Network**

**End of Life
Care Forum**

**Mid and East Surrey
Mental Health
Stakeholder Group**

**Tandridge Health and
Wellbeing Board**

**East Surrey
Domestic
Abuse Service**

**Breathe Easy
Group**

**Surrey Deaf
Forum**

Patient and Public Involvement

Procurement of NEPTS/111

**Surrey and Sussex
Healthcare NHS Trust
Emergency Department
Clinical Governance Group**

**Langley Green
Hospital Quality
Assurance Visits**

**CCG's Patient
Experience Lay
Representative**

**Review of Local
Stroke Services –
Patients and
Patient
Representatives**

**Chair of Mid and East
Surrey Mental Health
Stakeholder Group**

**Safe Haven Café Co Design
Event and Operational
meetings**

ESCCG staff, particularly departmental leads and commissioning managers should consider;

- The purpose of engagement
- The extent that engagement drives commissioning
- Section 242 (as was) Section [14Z2 of the Health and Social Care Act 2012](#) (amended) as is “the Duty to Involve”
- Advice and resource can you access to help you think about and deliver engagement
- Utilising Quality, Equality and Privacy Impact Assessments (QEPIAs) effectively

Section 242 (as was) Section 14Z2 of the Health and Social Care Act 2012 (amended) as is “the Duty to Involve”

Background

- The principle of Section 242 is that, by law, NHS Commissioners and Trusts must ensure that patients and / or the public are involved in certain decisions that affect the planning and delivery of NHS services. Each time an Act is amended the section numbers, wording and emphasis may change but the message and principles remain largely unchanged.
- As a broad (and slightly imperfect) rule of thumb, such decisions usually fall under the remit of Section 242 if a service provision is changing **from *the service-users perspective***.
- As an example, if a new service is being planned, or if an existing service its opening times, then these would almost certainly fall under the remit of Section 242; but a change of product supplier or contractor *may* not.
- It is difficult to give generic examples though and each case must be considered on its merits. If appropriate involvement is not undertaken, then Section 242 (commonly known as the "Duty to Involve") provides a legal recourse through which these decisions can be challenged and ultimately potentially overturned via a judicial review.
- **While Section 242 can have far-reaching implications, it is at heart about embedding good decision-making practice by ensuring that the service-user's point of view is taken into account when planning or changing services.**

Judicial review

Judicial review is a type of court proceeding in which a judge **reviews** the lawfulness of a decision or action made by a public body. In other words, **judicial reviews** are a challenge to the way in which a decision has been made, rather than the rights and wrongs of the conclusion reached.

A decision might be unlawful if:

- the decision-maker does not have power to make the decision, or is using their power improperly
- the decision is irrational
- the procedure followed by the decision-maker was unfair or biased
- the decision was in breach of the Human Rights Act, or
- the decision breaches European Community (EC) law.

Judicial review is not a form of appeal. The judge will look at how decisions are made, rather than judging the decision itself.

Bristol CCG

- Bristol CCG was forced to defend a legal challenge after a patient campaign group alleged it had failed to adequately consult patients in its procurement decisions.
- The case, thought to be the first of its kind to be heard in court since CCGs were introduced, saw Protect Our NHS challenging NHS Bristol CCG amid worries that services were being decommissioned without patients being properly heard.
- The case tested whether Bristol CCG's commissioning process was in keeping with [section 14Z\(2\)](#) of the Health and Social Care Act 2012



Engagement Guide and Checklist for Delivery Managers Questions to ask

- Has your project been identified or suggested by health needs and aspirations?
Consider the reason for your proposal.
- Has your project been endorsed/supported/designed using any patient/public opinion feedback?
- What can change & what is not negotiable?
- Have you used patients, Carers and/or expert patient groups/feedback to design your pathway/service? Are there opportunities to directly involve patients, public or representatives in your work?
- Has the feedback that you have received been recorded in order to be referenced in future procurement? If you are procuring a new service or re-procuring is there an opportunity to have patient/public representation on the panel?
- What KPIs are being considered and how easy will it be for patients and their families to feedback on the quality of the service?
- What change can you demonstrate as a result of engaging?

Remember

- **You are not alone, help is out there – talk to your colleagues, your Patient Experience Lead is here to advise and support**
- **Start considering engagement right at the start and build in time and resources**
- **Use intelligence already available/what is already known about people’s perspectives e.g. healthwatch reports, engagement activity log (shared drive), PALS, FFT etc.**
- **The Quality, Equality and Privacy Impact Assessment may help you to decide the optimum level and type of engagement required for a successful project**
- **Ensure that methods suit the purpose of engagement, make special efforts to include seldom heard groups**
- **Be clear how views will feed into decision- making**
- **Provide feedback about action you intend to take**
- **Ensure people are supported to get involved**
- **Document and reference all engagement within your PIDs and business cases- Engagement and Communications plan.**
- **CCG GB sub-committee front sheets will require the question of engagement to be addressed**
- **The legal obligations of CCGs and the Duty to Involve**
- **To be prepared to contribute to annual engagement reports**

Questions?

